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May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J45223

(1)

1. Corporation Name  
KELCO, INC.



Principal Place of Business  
1907 JACARANDA DR.  
FT. PIERCE FL 34949

Mailing Address  
1907 JACARANDA DR.  
FT. PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/01/1986

2. Principal Place of Business  
21 2422 SE SAPELO AVE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2422 SE SAPELO AVE  
Suite, Apt. #, etc.

4. FEI Number  
59-2743959  
Applied For  
Not Applicable

22 City & State  
23 Port St Lucie, Fla

27 City & State  
28 Port St Lucie, Fla

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip 34952  
25 Country

29 Zip 34952  
30 Country

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLER, JAY N.  
1907 JACARANDA DR.  
FT. PIERCE FL 33449

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
2422 SE SAPELO AVE  
83  
84 City Port St Lucie FL 85 Zip Code 34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
KELLER, JAY N.  
1907 JACARANDA DR.  
FT. PIERCE FL

1.1 TITLE SAME  
1.2 NAME SAME  
1.3 STREET ADDRESS 2422 SE SAPELO AVE  
1.4 CITY-ST-ZIP PORT ST LUCIE, FLA 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
KELLER, GAIL  
1907 JACARANDA DR.  
FT. PIERCE FL

2.1 TITLE SAME  
2.2 NAME SAME  
2.3 STREET ADDRESS 2422 SE SAPELO AVE  
2.4 CITY-ST-ZIP PORT ST LUCIE, FLA 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE: [Signature] (Gail Keller)

4-30-98 561-335-4515

CR2E034 (10/97)